

Readiness to Change Exercise

NAME _____

DATE _____

This exercise will help you assess your readiness to change behavioral areas related to health and wellness. First, rate how important making behavioral change is to you in each of the relevant areas. In the second column, please rate your current level of confidence in making change in these same areas.

BEHAVIOR	IMPORTANCE	CONFIDENCE
Reduce/cease Smoking (SM)		
Improve Weight Management (W)		
Increase Physical Activity (P)		
Improve Nutritional (N)		
Improve Stress Management (S)		
Improve Medication Compliance (M)		

Importance of change rating:
 NA = not applicable
 1 = not important at all
 5 = somewhat important
 10 = extremely important

Confidence in change rating:
 NA = not applicable
 1 = not confident at all
 5 = somewhat confident
 10 = extremely confident

Readiness to Change Graph

For the behaviors that apply to you, plot the intersection of your rating of importance with your level of confidence; mark this intersection with the behavior letters.

